- - REMARKS - -

Claims 1-40 are currently pending in the application. Claim 13 has been cancelled. Claims 29-30 have been withdrawn. Claims 1, 14-15, 22-25, 31, and 33-38 have been amended. The changes to the amended claim from the previous version to the rewritten version are shown above with brackets for deleted matter and underlines for added matter. No new matter has been added as a result of this amendment. response.

In the outstanding Office Action, the specification has been objected to as failing to provide proper antecedent basis for certain claim language recited in claim 24. The objection is respectively traversed. Applicant believes that the objected to claim language is adequately described and/or supported by the specification. Claim 24 has nevertheless been amended to eliminate any ambiguities that may have been the basis for the rejection.

In the outstanding Office Action, certain claims have been rejected under 35 U.S.C. §112, first paragraph, as failing to comply with the written description requirement. The rejection is traversed at least with respect to the rejection of claim 15. The subject matter of this claim is taught by the specification at page 10, lines 9-14, which clearly describes the stent being "forced tightly" between the distal tip 16 and the pusher member 14. As for the rejection of the other non-canceled claims, these claims have been amended to eliminate any ambiguities that may have been the basis for the rejection.

In the outstanding Office Action, certain claims have been rejected under 35 U.S.C. §112, second paragraph, as being indefinite. The rejection is traversed at least with respect to the rejection of claims 36-40. Regarding claim 36, Fig. 1 illustrates a pusher member 14 that is disposed distally (towards the left in the drawing) of at least a portion of the second tubular portion 12. Regarding claim 40, Fig. 1 illustrates that the pusher member 14 has a cross-sectional outer diameter that closely matches, and therefore "conforms," to the cross-sectional outer diameter of the compressed stent 17. As for the rejection of the other non-canceled claims, these claims have been amended to eliminate any ambiguities that may have been the basis for the rejection.

In the outstanding Office Action, claims 1-7, 11, 24-28, and 31 have been rejected under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent No. 5,702,418 to Ravenscroft (hereinafter "Ravenscroft"). Claims 1-21, 23-28, 31-32, 34-36, and 38-40 have been rejected under 35 U.S.C. § 102(b) as being anticipated by U.S. Patent No. 6,425,898 to Wlison et al. (hereinafter "Wilson"). Claim 1-28 and 31-40 have been rejected under 35 U.S.C. § 103(a) as being unpatentable over Ravenscroft and/or Wilson. The claim rejections under 35 U.S.C. §§ 102 and 103 are respectfully traversed. The claims have nevertheless been amended to further clarify the invention and to eliminate any ambiguities that may have been the basis for the rejections.

Independent claims 1, 15, 35 and 36 are each directed to a stent delivery system, and independent claim 24 is directed to a stent introducer apparatus. Each of these claims requires a pusher assembly having a pusher member, a first tubular portion and a second tubular portion, wherein the first tubular portion is disposed proximally to the second tubular portion. Each of these claims also requires that the length of the first tubular portion be substantially greater than the length of the second tubular portion, and that the second tubular portion includes a flexible section having an increased flexibility (i.e., that is more flexible than the first tubular portion). In addition, each of these claims requires that the pusher member be configured so as to engage the stent, and that at least a portion of the flexible section be located proximal to the proximal end of the stent. As set forth in detail in the specification, this configuration tends to cause any kinking that might occur along the length of the introducer catheter to occur within that portion of the flexible section of the second tubular portion that is proximal to the stent. These features and limitations are not disclosed or suggested by the prior art.

Ravenscroft is directed to a stent delivery system. However, it is clear from the drawings and specification that Ravenscroft does not suggest or disclose a flexible section that is at least partially located proximal to the stent. To the contrary, element 17, which is the structure that is characterized by the Examiner as the "flexible portion", is clearly disposed inside the stent at all times prior to deployment of the stent (see Fig. 1). Although element 17 appears to be located proximal of the stent in some of the

figures (see, e.g., Figs. 4 and 5), this is only after deployment of the stent has been initiated or completed. Accordingly, element 17 would not be in a position to cause any kinking that might occur along the length of the catheter to occur at a location other than the location of the stent. In other words, since element 17 is substantially disposed within the stent during the introduction of the delivery system into the patient, it is unlikely that any kinking that might occur during introduction would occur along element 17 because of the stiffness provided to element 17 by the stent.

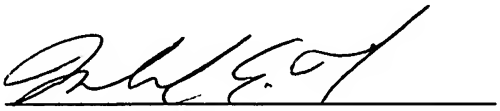
Wilson likewise fails to disclose the limitations of each of the independent claims. For example, it is the Examiner's contention that Wilson's distal portion 18 provides a second tubular portion having increased flexibility as compared to proximal portion 16. However, it is apparent from figure 5 of Wilson the distal portion 18 extends along almost the entire length of the catheter device, and is substantially longer than proximal portion 16. The structure of Wilson therefore does not meet the limitations of each of the independent claims that require that the first (proximal) tubular portion being substantially longer than the second (distal) portion.

In addition to the above, it should be observed that neither ravenscroft nor Wilson disclose, teach or suggest anything about providing a pusher assembly that is specifically configured to promote any kinking that might occur during introduction of the apparatus to occur in a specific region proximal to the stent. In fact, neither of these references even mentions introducer kinking.

Accordingly, independent claims 1, 15, 24, 35 and 36 are not rendered unpatentable by the prior art references, either alone or if combined. The remaining claims are each dependent on one of these independent claims and are likewise patentable.

Accordingly, it is believed that the application is in condition for allowance, and such allowance is now earnestly requested. If for any reason the Examiner is not able to allow the application, he is requested to contact the Applicant's undersigned attorney at (312) 321-4273.

Respectfully submitted,



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